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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

The Comoros

Addendum

SUMMARY

The present addendum to the country note submitted to the Executive Board at its first regular session of 1996 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the country programme of the Comoros, which has an annual planning level of $1,000,000 or less. The Executive Director recommends that the Executive Board approve the amount of $3,750,000 from general resources, subject to the availability of funds, and $2,400,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1997 to 2001.

* E/ICEF/1996/18.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43 and Add.2).

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Basic data (1994 unless otherwise stated)

Child population (millions, 0-15 years)	0.3
U5MR (per 1,000 live births)	126
IMR (per 1,000 live births)	86
Underweight (% moderate and severe)	..
MMR (per 100,000 live births)	950
Literacy (% male/female) (1995)	64/50
Primary school enrolment (% net male/female) (1993)	55/46
Primary school children reaching grade 5 (%) (1993)	78
Access to safe water (%) (1991)	69
Access to health services (%) (1989)	83
GNP per capita	$510

One-year-olds fully immunized against:

tuberculosis:	94 per cent
diphtheria/pertussis/tetanus:	58 per cent
measles:	59 per cent
poliomyelitis:	58 per cent

Pregnant women immunized against:

tetanus:	44 per cent

THE SITUATION OF CHILDREN AND WOMEN

1. Sustainable development in the Comoros continues to be jeopardized by many factors: the ongoing economic crisis, limited space and natural resources, strong population pressure, soil erosion and environmental degradation, a poorly adapted production system and unsuitable economic and social policies, the very high cost of basic services and considerable backwardness in the field of human development.

2. Although they show a steady decline, the infant mortality rate (IMR) and the under-five mortality rate (U5MR) are still high (86 and 126 per 1,000 live births respectively). Malaria is the primary cause of these deaths, followed by acute respiratory infections (ARI) and diarrhoeal diseases. The preventable diseases targeted by the expanded programme on immunization (EPI) are becoming rare. The maternal mortality rate (MMR), estimated at 950 per 100,000 live births by the United Nations Population Division and at 500 by the Comorian Government, based on hospital data, is very high owing to complications of childbirth and to too many, too closely spaced or too early pregnancies. Protein-energy malnutrition is essentially a chronic condition (33 per cent). While 80 per cent of women breast-feed their children until the age of one year, 37 per cent practise breast-feeding exclusively until the age of three months and only 2 per cent until the age of six months because of traditional infant-feeding practices. With a seroprevalence of 0.06 per cent, acquired immunodeficiency syndrome (AIDS) does not seem to be a public health problem,

but the number of HIV-positive persons rose from 3 in 1988 to 26 in 1994 and the upsurge in sexually transmitted diseases makes it necessary to intensify health education activities for adolescents to encourage responsible behaviour. The primary school enrolment rate (which stood at 64 per cent for boys and 50 per cent for girls in 1993-1994) is rising, thanks to the contribution of a thriving private education sector, but the high cost excludes poor children. The repetition rate stands at 40 per cent and the drop-out rate at 10 per cent, reflecting the poor quality of education. Since 69 per cent of the population has access to drinking water, the problem is not so much the availability of water as its quality. In addition, 82 per cent of Comorians have access to traditional latrines which are inadequate and conducive to the propagation of diseases. The disparities among the country's three islands are most apparent on Anjouan, which suffers from the strongest population pressure, a lack of financial transfers from the diaspora, the economic marginalization of small farmers and environmental degradation. While iodine deficiency is moderate nationwide, it reaches nearly 50 per cent in the mountains of Anjouan. Vitamin A deficiency is moderate in the country as a whole (1.9 per cent).

3. Despite a dense network, basic services are seriously dysfunctional and this has led to anarchic development in the private sector. Health centres, which are accessible to 80 per cent of the population, are not really able to offer effective services because of the lack of essential drugs and technical equipment, unsuitable prescriptions and inadequate operating budgets, and this has led to a high drop-out rate and a decline in the number of users and in the coverage of the care provided. The aims of basic education are ill-adapted to the sociocultural context. Neither formal nor Koranic schools include issues of sustainable development (overpopulation, environmental degradation and pollution) in their curricula. Frequent strikes, the shortage of qualified teachers and resources and poor teacher training explain the unsatisfactory results noted above. The water supply and sanitation sector has long suffered from the absence of a national policy, difficulties in setting up decentralized, autonomous management systems, the absence of maintenance networks and geographical disparities in terms of access to functioning systems. The chore of fetching water (and firewood) weighs heavily on women and girls, particularly during the dry season, which lasts six months.

4. Owing to the combined influence of tradition and religion, women are both idealized and dominated. In accordance with the customs of a matrilineal and matrilocal society, women own the conjugal home, inherit and perpetuate the family. However, they are conditioned from an early age to serve men (fathers, uncles, brothers and husbands). They are not really victims of discrimination, although they must show reserve and discretion in both public and private life. Despite these contradictions, women manage the family and participate in many associations that seek to strengthen solidarity, to provide financial and material assistance upon marriage and to carry out training and production activities. The dynamism of Comorian women enables them to play a catalytic role as partners in designing and implementing grass-roots development programmes, if they are educated and trained.

5. The opportunities available to the next programme include: (a) the associative dynamic and community solidarity; (b) financial transfers from the diaspora, which contribute significantly to community financing; (c) the reforms

under way in the areas of health and education; and (d) the opening of the Comoros to regional groupings (Indian Ocean Commission, Arab League) and its interest in participating in international forums.

PROGRAMME COOPERATION, 1990-1996

6. The cooperation programme for 1990-1994 and the bridging programme for 1995-1996 were aimed at helping to reduce the IMR and MMR through the promotion of essential services, the advancement of women and social mobilization.

7. In the mid-term review (May 1994), the evaluation of the progress made towards intermediate goals showed a clear decline in EPI diseases: no cases of measles or polio had been reported since 1988 and four cases of neonatal tetanus had been reported in 1993. After falling between 1990 and 1994, immunization coverage rose again, as a result of promotional activities carried out in 1995, to 94 per cent for tuberculosis vaccine, 75 per cent for three doses of combined diphtheria-pertussis-tetanus (DPT) vaccine, 78 per cent for triple polio vaccine and 69 per cent for measles vaccine. All of the country's 19 maternity clinics have adopted the strategies of the baby-friendly hospital initiative. Since 1994, UNICEF has been supporting the revitalization of the 17 health districts by helping to integrate mother and infant visits, participating in personnel training and supervision and providing 60 per cent of the districts with drugs and equipment. The impregnated mosquito netting tested in 10 pilot villages as a means of preventing malaria also produced good results, with an estimated 50 per cent reduction in morbidity and mortality. Studies and surveys (nutrition, oral rehydration therapy (ORT), immunization coverage, disorders due to iodine and vitamin A deficiencies) enabled UNICEF to fine-tune its strategies (EPI), consolidate its achievements (ORT) and develop advocacy (iodine, vitamin A). The brochure Facts for Life, translated into the local language, was used for post-literacy training in women's groups.

8. In the education sector, the participation of parent-teacher committees helped to improve the pupil-intake capacity and educational conditions of schools: 89 classrooms were rehabilitated for the benefit of 178 teachers and 6,000 pupils and teaching materials were provided to 246 schools for over 600 classes and 50,000 pupils, or 70 per cent of all primary school pupils. The meeting of State agencies involved in education, held in June 1994 with support from the World Bank and UNICEF, laid the foundations for the reforms of the educational system which are currently being implemented.

9. The women and development programme, which included functional literacy training, involved approximately 2,000 families and, since 1992, has helped 10 women's groups per year to increase their income by making use of local capacities, with the aim of taking over responsibility for essential expenditures: children's health care and education. The evaluation of the programme in March 1995 showed that its impact had been limited following the disappearance (under the structural adjustment programme) of the national structure in charge of technical training for these groups; consequently, the experiment will be discontinued.

10. UNICEF support for the water supply and sanitation sector led to the provision of drinking water to 25,000 people (rehabilitation and extension of the Ntsaouéni and Foumbouni systems on Grande Comore and the Fomboni system on Mohéli and piping in Kowé on Anjouan). Two managers were trained in Morocco to administer and maintain water supply works and they subsequently trained 25 village water point committees. The sanitation component focused on teaching populations to manage household waste, keep latrines clean and protect the environment. In 1993, UNICEF provided technical assistance for the conduct of an in-depth analysis of the sector, with proposals for appropriate strategies. The study serves as advocacy for the sector. Because resources are limited, it was decided to discontinue the water supply and sanitation programme.

11. The Government ratified the Convention on the Rights of the Child in July 1993 and adopted the Convention on the Elimination of All Forms of Discrimination against Women in 1994, in the wake of advocacy and social mobilization campaigns. The Government demonstrated its commitment by adopting a series of legislative provisions aimed at creating favourable conditions for meeting children's basic needs, such as the Health and Social Action Code, the Water Code and the Education Act, which made school attendance compulsory until the age of 14. Memoranda of agreement were concluded with all local radio stations to broadcast weekly programmes on the activities of the cooperation programme and on child survival and protection. The Government is currently preparing its first report on compliance with the Convention.

Lessons learned

12. The constraints encountered in implementing the programme are attributable to structural factors which limit the country's social and economic development: the Government's difficulty in honouring its commitments; salary arrears of up to seven months, which have prompted repeated strikes; weak national capacities; and lack of reliable statistics. However, inter-agency complementarity has encouraged populations to take responsibility for themselves. The management committees played an active role in monitoring the results of the EPI and in promoting breast-feeding and ORT. The various development committees were decisive in organizing community participation, although insufficient training limited the results expected. Sources of funding have declined steadily since 1993 owing to the departure of several donors, including the United States, Belgium and CARE International. The World Food Programme (WFP) will leave the country at the end of 1996. Consequently, the role of UNICEF will be expanded.

13. The lessons learned argue in favour of the following strategic approaches: (a) given the fragility of the ecosystem of the Comoros, it is essential for the international community to contribute to the protection of non-renewable natural resources; (b) in view of population pressure, a policy of birth control and birth spacing should be promoted; (c) the involvement and management capacity of development associations should be enhanced; (d) priority should be given to disadvantaged areas (Anjouan); (e) an attempt should be made to achieve complementarity in actions based on community evaluation and analysis; (f) the momentum gained in the revitalization of health centres should be used to open the door for other development activities; and (g) synergy and complementarity with external partners (in the spirit of the prospective United Nations country strategy note) and non-governmental organizations should be strengthened.

RECOMMENDED PROGRAMME OF COOPERATION, 1997-2001

Estimated annual expenditure

(Thousands of United States dollars)

	1997	1998	1999	2000	2001	Total
General resources						
Health	377	371	366	349	340	1 803
Education	231	235	239	245	253	1 203
Social planning	90	90	90	90	90	450
Programme support	52	54	55	66	67	294
Subtotal	750	750	750	750	750	3 750
Supplementary funds						
Health	280	280	280	280	280	1 400
Education	150	150	150	150	150	750
Social planning	50	50	50	50	50	250
Subtotal	480	480	480	480	480	2 400
Total	1 230	1 230	1 230	1 230	1 230	6 150

Country programme preparation process

14. The Ministry of Planning coordinated the work of preparing the programme, which was done in collaboration with the Government and development partners of the Comoros (United Nations Development Programme (UNDP), World Health Organization (WHO), United Nations Population Fund (UNFPA), WFP, World Bank, European Union, French and Chinese cooperation and local and international non-governmental organizations). Between the mid-term review and the strategy meeting to finalize the country note, many meetings were held with the Government. The situation analysis, the national programme of action, the draft United Nations strategy note and the Public Investment Plan served as inputs. The comments of Executive Board members on the country note were taken into account. The technical support provided by the area office, the regional office and UNICEF headquarters was also important.

Goals, objectives and strategies

15. In the long term, the programme will help: (a) to create a society which implements the Convention on the Rights of the Child and gives the highest priority to meeting children's basic needs; and (b) to ensure that the specific needs of women and girls are taken into account so that they can participate in building the country's future in conditions of equality and dignity. This will require the promotion of sustained and equitable economic growth, along with

efforts to strengthen human resources, reduce population pressure, protect the environment and revitalize priority social sectors.

16. In the medium term, the programme will help: (a) to attain the goals of the World Summit for Children by reducing the IMR from 86 to 70 per 1,000 live births and the U5MR from 126 to 90, the MMR by 50 per cent and the rate of chronic malnutrition from 33 to 22 per cent; (b) to revitalize health centres to give 60 per cent of the population access to high-quality primary health care (PHC); (c) to raise the primary school enrolment rate from 64 to 78 per cent and improve the retention rate by 10 per cent; and (d) to better inform the population so that everyone, in their daily lives and work, will adopt practices which promote the survival, development and protection of Comorian children. The strategic options revolve around five points which form the basis for each sectoral programme.

17. Community participation will be strengthened, in a spirit of shared responsibility, by means of the systematic conclusion of memoranda of agreement for collaboration or joint plans of action involving the three partners: the Government, the community and UNICEF. In order to target the most disadvantaged areas and create a lasting grass-roots dynamic, activities will be organized on the basis of the community entities to be set up under the administrative reform as focal points for decentralized development. Activities in the water supply and sanitation sector will be integrated into the health programme on the same basis of co-financing: infrastructure maintenance and management, water quality control, improvement of latrines, waste management and environmental protection. Women's associations, which are very active in decentralized development projects, have acquired a good sense of organization and considerable practical management experience. The programme will build on these assets and strengthen the capacity for analysis and action by training women and giving them responsibilities in the different village development committees. Special emphasis will be placed on reproductive health and family planning.

Health

18. This programme seeks to combat the primary causes of child morbidity and mortality by: (a) making rationalized, comprehensive and less expensive health care available to 60 per cent of the population; and (b) increasing the knowledge of adolescents and parents about health promotion. To this end, three projects will be carried out: PHC/Bamako Initiative, EPI and health promotion. Under the Bamako Initiative, revolving funds will be set up and the population will be involved in managing health centres and improving the quality of services. Emphasis will be placed on malaria control (impregnated mosquito netting, proper treatment of malaria patients), diarrhoeal diseases (ORT) and ARI (essential drugs). The project to support the EPI will consolidate achievements and integrate activities in the revitalized health centres. In these revitalized districts, health promotion activities, based on community evaluations and analyses, will be carried out on the following topics: environmental protection, hygiene and sanitation, malaria control, ORT, breast-feeding and the consumption of foods rich in iron and vitamin A. The promotion of appropriate low-cost technologies to improve water supply, hygiene and environmental sanitation systems will be encouraged. These promotional activities will be supported at the national level by mobilization campaigns

aimed at encouraging healthful practices. The Bamako Initiative project will form the basis for the other projects by acting on the entire health care system to revitalize it and enhance its credibility. It will provide the necessary support in terms of training, supervision and management and will guarantee the sustainability of the system. The health promotion project will provide a real community basis for the entire set of actions and will also help to ensure their sustainability. The programme, designed to cover 60 per cent of the country's 65 health centres, will be funded entirely from general resources. Any supplementary funding will be used to expand the programme's coverage to 75 per cent of the health centres.

Education

19. This programme will help to: (a) raise the net school enrolment rate from 64 to 78 per cent; and (b) raise the completion level in target primary schools from 35 to 65 per cent. Teacher training and parental involvement in school administration will help to improve the quality of education. The programme will operate according to the strategy of the master plan for education, which sees the school as the developmental focal point of each village. Building on the experience acquired by the parent-teacher committees which operate throughout the country, establishment councils consisting of parents, teachers and opinion leaders will be set up; subsequently, a school plan of action will be adopted, based on the identification of priority needs, the activities to be undertaken and the responsibilities of each partner (the Government, the community and external partners). Action-based research, the training of participants and social mobilization will serve to support the programme. At the central level, a monitoring and coordination mechanism will be set up. General resources will enable the programme to meet only 60 per cent of its goals (39 schools). Supplementary funding will be used to cover a further 26 schools.

Social planning

20. This programme will help to: (a) develop national social planning capacity; (b) strengthen systems for the collection and analysis of social statistics in order to ensure the regular updating of situation analyses; and (c) ensure advocacy in favour of better-adapted social policies. Two projects will be carried out: (a) social planning and statistics; and (b) advocacy and social mobilization. The Government will receive support in order to improve the availability of social statistics, disaggregated so as to facilitate decentralized planning. Maps will be developed to highlight disparities between and within rural and urban areas and among the islands and will be used to select target areas for the programme on the three islands. The situation analysis will be used for: (a) monitoring the objectives of the decade and fulfilment of the commitments undertaken in connection with the ratification of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women; and (b) advocacy in favour of social policies that take into account, inter alia, the 20/20 vision initiative, Agenda 21 and the conclusions of the International Conference on Population and Development and the Fourth World Conference on Women. Studies and surveys will be conducted to raise people's awareness of the situation of women and children and to mobilize them to act. Memoranda of agreement will be concluded with

local radio stations to produce weekly broadcasts in support of the programme's activities, with the aim of promoting changes in behaviour. General resources will cover 64 per cent of the programme's activities.

Social mobilization and advocacy

21. Social mobilization, which is an integral part of all of the programmes, will facilitate complementarity among the various sectors. It will focus on using advocacy and communication to spread awareness of the specific needs of children and women. In elaborating and disseminating messages, it will involve beneficiaries and service providers through cultural, artistic and sporting events. It will help to mobilize resources for the programme by publicizing the progress made and future prospects. More emphasis will be placed on the use of existing communications networks, such as community radio stations, local television stations, networks of women's groups and youth associations, to create a vast alliance in favour of Comorian children.

Monitoring and evaluation

22. Each sectoral programme will carry out specific monitoring and evaluation activities to gather data on its performance and to measure its contribution to the objectives of the decade. The data will be broken down by sex and by region to highlight the disparities to be corrected. The Ministry of Planning, with logistical and technical support from the social planning programme, will centralize the statistics to be used in evaluating the programme's results and in social planning and advocacy. To ensure sustainability, national expertise will be developed through short training courses and the exchange of regional experiences.

Cooperation with other agencies

23. Complementarity with United Nations agencies will be enhanced through the harmonization of programme cycles with UNDP and UNFPA beginning in 1997 and through the provisions of the country programme strategy note (currently being finalized). The consultation mechanisms established by the Government in the context of current sectoral reforms (health, education) will serve to coordinate the inputs of bilateral and multilateral donors and non-governmental organizations.

Programme management

24. The Government and UNICEF will be jointly responsible for carrying out the programme. The Ministry of Planning will be in charge of the overall coordination of the Government's inputs to the programme's implementation. The development committees will be closely involved in monitoring and evaluation during on-site supervisory visits. Training seminars will be organized to give them the tools they need to conduct evaluations. Following the annual review of the programme, the technical ministries will prepare annual plans of action in close collaboration with UNICEF. Two overall evaluations will be conducted: the first in mid-1999, which will serve as a database for the mid-term review, and the second at the end of the year 2000, to provide the information needed to prepare the programme for 2002-2006.

Strategy for mobilizing funds

25. Supplementary funding will be sought, with the agreement and support of the Government, from potential donors (particularly those of the Arab League), the private sector, non-governmental organizations, associations and foundations active in the Comoros (Rotary International) and, especially, the Comorian diaspora through the village development associations which it finances. Contacts will be established with potential donors visiting the Comoros to explain the difficult situation of Comorian children and propose possible solutions. Information brochures on the programme's results will be prepared and disseminated. Given the limited presence and relative lack of interest of donors in the Comoros, regional resource-mobilization initiatives will be undertaken in the context of the Indian Ocean Commission.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : COMOROS
PROGRAMME : 1997-2001

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/										STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH	1,803			1,803	0	0	0	0	0	0	0	1	0	1	0.0	175.0	175.0
EDUCATION	1,203			1,203	0	0	0	0	0	0	0	1	0	1	0.0	148.3	148.3
SOCIAL PLANNING	450			450	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT	294			294	0	0	0	0	0	0	0	0	3	3	0.0	203.7	203.7
TOTAL GR	3,750			3,750	0	0	0	0	0	0	0	2	3	5	0.0	527.0	527.0
SUPPLEMENTARY FUNDING :																	
HEALTH		0	1,400	1,400	0	0	0	0	0	0	0	0	2	2	0.0	102.5	102.5
EDUCATION		0	750	750	0	0	0	0	0	0	0	0	1	1	0.0	78.5	78.5
SOCIAL PLANNING		0	250	250	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL SF		0	2,400	2,400	0	0	0	0	0	0	0	0	3	3	0.0	181.0	181.0
TOTAL GR & SF	3,750	0	2,400	6,150	0	0	0	0	0	0	0	2	6	8	0.0	708.0	708.0
ADM. & PROGRAMME SUPPORT BUDGET		Operating costs		529.5													
		Staffing			0	0	0	1	0	1	2	1	4	7	1,474.0	440.1	1,914.1
GRAND TOTAL (GR+SF+ADM)					0	0	0	1	0	1	2	3	10	15	1,474.0	1,148.1	2,622.1
	Number of posts and staff costs:																
	Current programme cycle										2	2	8	12			
	At the end of proposed programme cycle (indicative only)										2	3	10	15	1,474.0	1,148.1	2,622.1

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.